

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

This declaration is of the following type:

- ☐ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☒ continuation-in-part (CIP)

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed for and for which a patent is sought on the invention entitled:

HYPODERMIC SYRINGE NEEDLE ASSEMBLY AND METHOD OF MAKING THE SAME
the specification of which

☒ is attached hereto

☐ was filed on _____, as

Application No. _____

and was amended on _____
(if applicable)

☐ was described and claimed in PCT International application

No. _____ filed on _____

and as amended under PCT Article 19 on _____
(if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any Amendment referred to above.

I acknowledge duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

☐ no such applications have been filed

☐ such applications have been filed as follows.

Prior Foreign Application(s)

_____ (Number)	_____ (Country)	_____ (D/M/Y filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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_____ (Number)	_____ (Country)	_____ (D/M/Y filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (patented, pending, abandoned)
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_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (patented, pending, abandoned)
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I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose all information known to be material to patentability as defined in Title 37, Code of Federal Regulations, Sec. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

George M. Cooper, Reg. No. 20,201
Felix J. D'Ambrosio, Reg. No. 25,721
Eric S. Spector, Reg. No. 22,495

Douglas R. Hanscom, Reg. No. 26,600
William A. Blake, Reg. No. 30,548

Send correspondence to:
Felix J. D'Ambrosio
JONES, TULLAR & COOPER, P.C.
P.O. Box 2266 Eads Station
Arlington, VA 22202

Direct telephone calls to:
Felix J. D'Ambrosio
(703) 415-1500

I hereby declare all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Owais Mohammed

Inventor's signature _____ Date _____

Residence Riverdale, MD

Citizenship India

Post Office Address 5004 Rittenhouse Street, Riverdale, MD 20737

Full name of second inventor _____

Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third inventor _____

Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fourth inventor _____

Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____